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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732277 (9)

1. Corporation Name
DESOTO PARK NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1926 ATLANTIC SHORES BLVD. HALLANDALE FL 33009	Mailing Address 1926 ATLANTIC SHORES BLVD. HALLANDALE FL 33009-2814
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3. Date Incorporated or Qualified 03/26/1975	3a. Date of Last Report 02/07/1996
4. FEI Number 59-1592441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**WEISER, CLAUDETTE
1926 ATLANTIC SHORES BLVD
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LEVY, JOSE
STREET ADDRESS	1951 ATLANTIC SHORES BLD., SUITE 21
CITY-ST-ZIP	HALLANDALE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GULLER, MILDRED
STREET ADDRESS	2001 ATLANTIC SHORES BLD., SUITE 112
CITY-ST-ZIP	HALLANDALE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PENTECOST, JACQUELINE
STREET ADDRESS	2001 ATLANTIC SHORES BLVD., SUITE 501
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	SIMON, MARION
STREET ADDRESS	2101 ATLANTIC SHORES BLD., SUITE 109
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GUILIANO, JOHN
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., SUITE 202
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	AUGARTEN, CLARA
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., SUITE 406
CITY-ST-ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENE MCINTYRE
1.3 STREET ADDRESS	1901 ATLANTIC SHORES BLVD.
1.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLAUDETTE WEISER
3.3 STREET ADDRESS	1926 ATLANTIC SHORES BLVD.
3.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANCIS WIEDMAN
5.3 STREET ADDRESS	2001 ATLANTIC SHORES BLVD.
5.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAUL NESSENBERG
6.3 STREET ADDRESS	1001 THREE ISLANDS BLVD.
6.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Eugene McIntyre* Pres. 1/14/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022697

CR2E037 (9/96)